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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in f   | ull)                     |                  |                        |                 |   |                 |           |         |  |
|--|--------------------------|------------------|------------------------|-----------------|---|-----------------|-----------|---------|--|
| Sanchez, Linda, , ,  |                          |                  |                        |                 | 1 " -   |                 |           |         |  |
| (b) Address (number and street) ☐ Check if address changed PO Box 59660  |                          |                  |                        |                 | Candidate's FEC Identification Number     H2CA39078 |                 |           |         |  |
| (c) City, State, and ZIP Coo   | le                       |                  |                        |                 | 3. Is This  |                 |           | Amended |  |
| Norwalk  |                          | CA               | 90652                  | 2               | Statem  | ent (N)         | OR        | (A)     |  |
| 4. Party Affiliation   | 5. Office Sough          | nt               |                        | 6. State & Dist |   | ate             |           | _       |  |
| DEMOCRATIC PARTY   | House                    |                  |                        | CA              | 38  |                 |           |         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                          |                  |                        |                 |   |                 |           |         |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)   |                          |                  |                        |                 |   |                 |           |         |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.   |                          |                  |                        |                 |   |                 |           |         |  |
| (a) Name of Committee (in full)  |                          |                  |                        |                 |   |                 |           |         |  |
| Committee to I   | Re-Elect Linda           | Sanchez          |                        |                 |   |                 |           |         |  |
| (b) Address (number and st   | reet)                    |                  |                        |                 |   |                 |           |         |  |
| 410 1st St SE  |                          |                  |                        |                 |   |                 |           |         |  |
| Suite 310 (c) City, State, and ZIP Coo   | ۵                        |                  |                        |                 |   |                 |           |         |  |
|  |                          |                  |                        | DC              | 20002   |                 |           |         |  |
| Washington   |                          |                  |                        | DC              | 20003   |                 |           |         |  |
| (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) |                          |                  |                        |                 |   |                 |           |         |  |
| (b) Address (number and s  | treet)                   |                  |                        |                 |   |                 |           |         |  |
| (c) City, State, and ZIP Cod   | le                       |                  |                        |                 |   |                 |           |         |  |
| I certify that I I   | have examined this State | ement and to the | best of ı              | ny knowledge a  | and belief it is                                    | true, correct a | and compl | ete.    |  |
| Signature of Candidate   |                          |                  |                        |                 | Date  |                 |           |         |  |
| Sanchez, Linda, , ,  |                          |                  | [Electronically Filed] |                 |   | 03/03/2017      |           |         |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.  |                          |                  |                        |                 |   |                 |           |         |  |
|  |                          |                  |                        |                 |   |                 |           |         |  |
|  |                          |                  |                        | 1               |   |                 |           |         |  |

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